



DEPARTMENT OF INSPECTIONS,
LICENSES & PERMITS
ELECTRICAL SERVICES DIVISION
220 SOUTH MAIN STREET
BEL AIR, MD 21014
410-638-3363
410-638-3364

ELECTRICAL PERMIT APPLICATION

Permit Number: _____

JOB INFORMATION

JOB ADDRESS _____
SUBDIVISION _____ BLDG. _____ FLOOR _____ SUITE _____
MAP _____ LOT _____ UTILITY CO. _____
BLDG. USE _____ NEC _____ TYPE WORK _____
WORK DESC. _____
BLDG. PERMIT # _____ ☐ RESIDENTIAL ☐ COMMERCIAL ☐ GOVERNMENT

OWNER INFORMATION

OWNER _____
OCCUPANT _____
ADDRESS _____
CITY _____ ST _____ ZIP _____
PHONE # _____

SITE CONTACT

NAME _____
PHONE # _____
EMAIL ADDRESS _____

CONTRACTOR INFORMATION

COMPANY _____
LICENSEE _____
ADDRESS _____
CITY _____ ST _____ ZIP _____
PHONE # _____
EMAIL _____
HARFORD COUNTY LIC. # _____

SIGNATURE OF LICENSEE _____

DATE _____

LIST ALL ITEMS TO BE INSTALLED – INCLUDE SIZE AS REQUIRED

| QTY | DESCRIPTION | SIZE | QTY | DESCRIPTION | SIZE |
|-----|--|-----------|-----|-----------------------|----------|
| | Service Entrance | AMP _____ | | Fixture Incandescent | |
| | Sub Feed | AMP _____ | | Fixture Fluorescent | |
| | Sub Feed | AMP _____ | | Fixture HID | |
| | Sub Feed | AMP _____ | | LED Fixtures | |
| | Sub Feed | AMP _____ | | Exit Emergency Lights | |
| | Sub Feed | AMP _____ | | Oven | KW _____ |
| | Sub Feed | AMP _____ | | Oven | KW _____ |
| | Sub Feed | AMP _____ | | Cooktop | KW _____ |
| | Generator (add service or sub feed size above) | KVA _____ | | Cooktop | KW _____ |
| | Construction Service | AMP _____ | | Range | KW _____ |
| | Mobile Home-Pedestal | AMP _____ | | Dishwasher | KW _____ |
| | MH-Conn/Reconn | AMP _____ | | Disposal | KW _____ |
| | Construction Trailer-Conn/Reconn | AMP _____ | | Dryer | KW _____ |
| | Rough Switches | | | Water Heater | KW _____ |
| | Rough Receptacles | | | Water Heater | KW _____ |

****ALL APPLICANTS – PLEASE READ AND SIGN STATEMENT AT THE BOTTOM OF PAGE 2****

| QTY | DESCRIPTION | SIZE | QTY | DESCRIPTION | SIZE |
|-----|--------------------------------|-----------|-----|--|-----------|
| | Furnace Gas/Oil | | | Heaters Less than 1/8 KW | |
| | Furnace Electric | KW _____ | | Heaters >=1/8 KW and < 2 KW | |
| | Furnace Electric | KW _____ | | Heaters >=2 KW and < 30 KW | |
| | Furnace Electric | KW _____ | | Heaters >= 30 KW and < 75 KW | |
| | Heat Pump | AMP _____ | | Heaters 75 KW and Over | |
| | Heat Pump | AMP _____ | | Motors < 1/8 HP | |
| | Heat Pump | AMP _____ | | Motors >= 1/8 HP and <2 HP | |
| | A/C Units | AMP _____ | | Motors >= 2 HP and <30 HP | |
| | A/C Units | AMP _____ | | Motors >= 30 HP and < 75 HP | |
| | A/C Units | AMP _____ | | Motors 75 HP and Over | |
| | Air Handler | HP _____ | | Motor Control Centers | AMP _____ |
| | Air Handler | HP _____ | | Pumps | HP _____ |
| | Roof Top Units | AMP _____ | | Pumps | HP _____ |
| | Roof Top Units | AMP _____ | | Pumps | HP _____ |
| | Roof Top Units | AMP _____ | | Air Compressor | HP _____ |
| | Roof Top Units | AMP _____ | | Air Compressor | HP _____ |
| | Smoke Alarms | | | Refrigeration Units | HP _____ |
| | Carbon Monoxide Alarms | | | Welder | KW _____ |
| | Low Voltage Control Panels | | | Welder | KW _____ |
| | Low Voltage Devices-Fire | | | X-Ray Machine | KW _____ |
| | Low Voltage Devices -Security | | | X-Ray Machine | KW _____ |
| | Low Voltage Devices-Voice/Data | | | Gas Dispensers | HP _____ |
| | Low Voltage Devices-Audio | | | Dental Chairs | |
| | Low Voltage Devices-Other | | | Fryers | |
| | Transformer | KVA _____ | | Ditches, Pole Bases and Underfloor Number of Inspections Required _____ | |
| | Transformer | KVA _____ | | Parking Lot Lights | |
| | Transformer | KVA _____ | | Bonding | |
| | Elevators | HP _____ | | Spa/Hot Tub | AMP _____ |
| | Solar – Commercial | KW _____ | | Pool Bonding | |
| | Solar - Residential | KW _____ | | Pool Wiring | |
| | Bath Fans | | | Sign 2000 VA | KW _____ |
| | Paddle Fans | | | Sign 7000 VA | KW _____ |
| | Hood Fans | HP _____ | | Vehicle Charger | AMP _____ |
| | Compactor | HP _____ | | Plan Review/Demo | HRS _____ |

By signing below, I certify that the property owner has authorized me to apply for this permit and perform the work described. I solemnly affirm under penalties of perjury and upon personal knowledge that I currently have in force the insurance coverage required by Harford County Code, §105-19 B (4).

The provision concerning insurance IS NOT applicable to an individual who is a homeowner performing work on his/her primary residence as provided under the Harford County Code. By signing below, a homeowner performing work on his/her primary residence agrees to fully comply with all of the applicable provisions of the Harford County Code. I have carefully examined and completed this application to the best of my knowledge and belief. I will notify the Electrical Services Division 24 hours in advance for inspections. No work will be concealed until approved and completed in accordance with appropriate County Codes.

CONTRACTOR'S SIGNATURE _____ DATE _____